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FEC FORM 1

STATEMENT OF ORGANIZATION

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NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
WISCONSIN DE	MOCRATIC LE	ADERSHIP FE	DERAL C	OMMITTEE
	D 0 D0V 40	104		
ADDRESS (number and street)	P. O. BOX 161	194		
(Check if address is changed)	PLANTATION		FL 3	3318
	(CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)				
(Check if address is changed)	DemocraticLe	adershipComm	ittees@gr	nail.com
				
COMMITTEE'S WEB PAGE ADDRESS (URL)				
(Check if address is changed)		<u> </u>	<u> </u>	
2. DATE 10" '17" '2012 '				
3. FEC IDENTIFICATION NU	JMBER C			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	is Statement and to the best	of my knowledge and belief it	is true, correct an	d complete.
Type or Print Name of Treasurer ALEXANDER CLINTON				
Signature of Treasurer	Resauder C	Senter	Date 10°	′ 17° ′ 2012
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing one Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.				
Office Use		For further information of Federal Election Commission Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)